| PATENT APPLICATION FEE DETERMINATION RECORD                              |  |   |                           |                               |              |                                   |         |  | Application or Docket Number |     |              |                        |  |
|--|--|---|---------------------------|-------------------------------|--------------|-----------------------------------|---------|--|------------------------------|-----|--------------|------------------------|--|
| Effective December 8, 2004   |  |   |                           |                               |              |                                   |         |  | 10/565821                    |     |              |                        |  |
| CLAIMS AS FILED - PART I   |  |   |                           |                               |              |                                   |         | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY |                              |     |              |                        |  |
| U.S. NATIONAL STAGE FEES   |  |   | (Colum                    | in i)                         |              | Column 2)                         | 7       | RATE   | FEE                          | 7   | RATE         | FEE                    |  |
| BASIC FEE  |  |   |                           |                               |              |                                   | 1       | BASIC FEE                                    | 141)                         |     | BASIC FEE    | 1                      |  |
| EXAMINATION FEE  |  |   |                           | <del> </del>                  |              |                                   | -       | EXAM. FEE                                    | (1)()                        | 100 | EXAM. FEE    | <del> </del>           |  |
| SEARCH FEE   |  |   |                           |                               |              |                                   | +       | <u> </u>                                     | 00                           |     |              | <del> </del>           |  |
|  |  |   | INN                       | 400                           | N            | 7.50                              | -       | SEARCH FEE                                   | 200                          | 1   | SEARCH FEE   | ļ                      |  |
| FEE FOR EXTRA SPEC. PGS.   |  |   | /// minus 100 = //// 50 = |                               |              |                                   | -       | X \$ 125 =                                   |                              | -   | X \$ 250 =   |                        |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | € minus 20 = *            |                               |              | el                                | 4       | X \$ 25 =                                    |                              | OR  | X \$ 50 =    |                        |  |
| INDEPENDENT CLAIMS   |  |   | 2                         | ninus 3 =                     | *            |                                   |         | X \$ 100 =                                   |                              | OR  | X \$ 200 =   |                        |  |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PR                                 | ESENT                     |                               |              |                                   |         | + \$ 180 =                                   |                              | OR  | + \$ 360 =   |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |                           |                               |              |                                   |         | TOTAL  |                              | OR  | TOTAL        |                        |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |  |   |                           |                               |              |                                   |         | OTHER THAN SMALL ENTITY OR SMALL ENTITY      |                              |     |              |                        |  |
| AMENDMENT A  |  | CLAIMS REMAINING AFTER AMENDMENT              |                           | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA                  |         | RATE   | ADDI-<br>TIONAL<br>FEE       |     | RATE         | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                     | **                            |              | =                                 | ]       | X \$ 25 =                                    |                              | OR  | X \$ 50 =    |                        |  |
|  | Independent                                    | *   | Minus                     | ***                           |              | =                                 | 1       | X \$ 100 =                                   |                              | OR  | X \$ 200 =   |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                           |                               |              |                                   | 1       | + \$ 180 =                                   |                              | OR  | + \$ 360 =   |                        |  |
|  |  |   |                           |                               |              |                                   |         | TOTAL ADDIT.                                 |                              | OR  | TOTAL ADDIT. |                        |  |
|  |  |   |                           |                               |              |                                   |         | •  |                              |     | .,,,         | l                      |  |
| (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST                          |  |   |                           |                               |              |                                   | 1 1     |  |                              |     |              |                        |  |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT               |                           | NUM<br>PREVIO<br>PAID         | BER<br>DUSLY | PRESENT<br>EXTRA                  |         | RATE   | ADDI-<br>TIONAL<br>FEE       |     | RATE         | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                     | **                            |              | =                                 | 1       | X \$ 25 =                                    |                              | OR  | X \$ 50 =    |                        |  |
| AME  | Independent                                    | *   | Minus                     | ***                           |              | =                                 |         | X \$ 100 =                                   |                              | OR  | X \$ 200 =   |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                           |                               |              |                                   | 1       | + \$ 180 =                                   |                              | OR  | + \$ 360 =   |                        |  |
|  |  |   |                           |                               |              |                                   |         | TOTAL ADDIT.<br>FFF                          |                              | OR  | TOTAL ADDIT. |                        |  |
|  |  |   |                           |                               |              |                                   |         | •  |                              |     | ,,,,,        |                        |  |
|  | If the enter in each                           |   |                           |                               |              | _ 1                               |         | •  |                              |     |              | ·                      |  |
| **   | If the "Highest Nu                             | ımn 1 is less than th<br>ımber Previously Pa  | d For' IN THIS SI         | PACE is less                  | s than '20   | )', enter "20".                   |         |  |                              |     |              |                        |  |
|  | The "Highest Nur                               | imber Previously Pai<br>inber Previously Paid | For" (Total or Inc        | PACE IS less<br>lependent) i  | s the high   | , enter "3".<br>hest number found | d in th | e appropriate box                            | in column 1                  | ı.  |              |                        |  |